SECTION 9 ATTACHMENT A APPLICATION AND QUALIFIED VENDOR AGREEMENT AWARD

APPLICATION and QUALIFIED VENDOR AGREEMENT AWARD

RFQVA NO. DDD 704011

TO: THE STATE OF ARIZONA

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DIVISION OF DEVELOPMENTAL DISABILITIES

APPLICATION

The Undersigned hereby applies and agrees to provide the	e service(s) in compliance with the	he RFQVA.
For clarification of this application, contact:		
Name	Federal Employer Identification Number	
Phone Number	Company Name	
Fax Number	Mailing Address	
E-Mail Address	City	State Zip
If awarded a Qualified Vendor Agreement, all notices should be sent to:	Phone Number	Fax Number
	E-Mail Address	
Name		
Mailing Address		
C'.	Signature of Person Authorized to Sign Application	
City State Zip		
Phone Number Fax Number	Printed Name	
	= =====================================	
E-Mail Address	Title	
APPROVAL OF APPLICATION AND AGREEMI	ENT AWARD (FOR STATE O	OF ARIZONA USE ONLY)
Your application is hereby approved. The Qualified Vene award notice based upon the RFQVA, including all amendments, etc., and the Qualified Vendor's application	dor is now bound to provide the l terms, conditions, service spas accepted by the State.	service(s) listed in the attached pecifications, scope of work,
This agreement shall henceforth be referred to as Qualifie effective date of this agreement is either the date that this whichever is later.		
State	of Arizona	
Awar	ded this Date:	
Proce	rement Officer	
11000		